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CONFIRMATION NO. 7102

<b>SERIAL NUMBER</b> 09/920,671	<b>FILING OR 371(c) DATE</b> 08/01/2001 <b>RULE</b>	<b>CLASS</b> 536	<b>GROUP ART UNIT</b> 1635	<b>ATTORNEY DOCKET NO.</b> RTS-0297
<b>APPLICANTS</b> Susan M. Freier, San Diego, CA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 09/26/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 20
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 27180				
<b>TITLE</b> ANTISENSE MODULATION OF COREST EXPRESSION				
<b>FILING FEE RECEIVED</b> 655	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	